

F 96000001352

TO: Qualification/Tax Lien Section
Division of Corporations

0000001720380
-02/21/96--01051--003
*****70.00 *****70.00

SUBJECT: Quality Transportation Services, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Shain A. Chappell
(Name of Person)

W96-4003

Quality Transportation Services, Inc.
(Firm/Company)

5334 Fort Henry Drive
(Address)

Kingsport, TN 37663
(City/State/Zip)

RECEIVED
DIVISION OF STATE
TALLAHASSEE, FLORIDA

96 MAR 18 10 326

FILED

Should you need to call someone concerning this matter, please call:

Shain A. Chappell
(Name of Person)

at (423) 239-3488
(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 27, 1996

SHAIN A. CHAPPELL
QUALITY TRANSPORTATION SERVICES, INC.
5334 FORT HENRY DR.
KINGSTON, TN 37663

SUBJECT: QUALITY TRANSPORTATION SERVICES, INC.
Ref. Number: W96000094003

We have received your document for **QUALITY TRANSPORTATION SERVICES, INC.** and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A corporation may not serve as its own registered agent. Please designate an individual, another active domestic corporation, or a foreign corporation authorized to transact business within this state, having a Florida street address identical with that of the registered office.

If you have any questions concerning the filing of your document, please call (904) 487-6093.

Freta Lott
Corporate Specialist Supervisor

Letter Number: 696A00007742

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:**

1. Quality Transportation Services, Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Tennessee
(State or country under the law of which it is incorporated)
3. 62-1483847
(FEI number, if applicable)
4. 8-9-91
(Date of Incorporation)
5. N/A Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. March 1, 1996
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. P.O. Box 5159
Kingsport, TN 37663
(Current mailing address)
8. medical Transportation
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**
Name: Roy Joseph Cerone
Office Address: 1522 W. Princeton Suite D
Orlando, FL 32804, Florida, 32804
(Zip Code)
10. **Registered agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.
X R. Joseph Cerone CEO
(Registered agent's signature)
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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MAR 18 AM 9:26
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: Roy J. Cerone

Address: 309 meadow Lane Kingsport TN 37663

Vice Chairman: James Ramsey

Address: 2117 west Andrew Johnson Hwy Morristown TN 37814

Director: _____

Address: _____

Director: _____

Address: _____

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95 MAR 18 AM 3:25
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
ATLANTA, GEORGIA

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Roy J. Cerone

Address: 309 meadow Lane Kingsport TN 37663

Vice President: James Ramsey

Address: 2117 west Andrew Johnson Hwy Morristown TN 37814

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. X R. Joseph Cerone, President & CEO
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. R. Joseph Cerone, President - CEO
(Typed or printed name and capacity of person signing application)

**Secretary of State
Corporations Section**

**James K. Polk Building, Suite 1800
Nashville, Tennessee 37243-0306**

ISSUANCE DATE: 01/03/1996
REQUEST NUMBER: 3092-1861A
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 08/09/1991
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0243533
JURISDICTION: TENNESSEE

TO:
HERNDON COLEMAN BRADING & MCKEE
AT: EDWARD T BRADING
PO BOX 1160
JOHNSON CITY, TN 37605-1160

REQUESTED BY:
HERNDON COLEMAN BRADING & MCKEE
AT: EDWARD T BRADING
PO BOX 1160
JOHNSON CITY, TN 37605-1160

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT
"QUALITY TRANSPORTATION SERVICES, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF
INCORPORATION AND DURATION AS GIVEN ABOVE,
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE CORPORATION HAVE BEEN PAID,
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED
WITH THIS OFFICE, AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED, AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FILED
96 MAR 18 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR: REQUEST FOR CERTIFICATE

ON DATE: 01/03/96

FROM:
QUALITY CARE OF SULLIVAN COUNTY, INC.
P.O. BOX 7092
KINGSPORT, TN 37664-0000

RECEIVED: FEES \$10.00 \$10.00
TOTAL PAYMENT RECEIVED: \$20.00

RECEIPT NUMBER: 00001885770
ACCOUNT NUMBER: 00180064



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE